

EXHIBIT 1

[743] TLR9 Agonist Immunomodulator Treatment of Cutaneous T-Cell Lymphoma (CTCL) with CPG7909. Session Type: Oral Session

Youn Kim, Michael Girardi, Madeline Duvic, Timothy Kuzel, Alain Rook, Brian Link, Lauren Pinter-Brown, Carol Comercl, Sonja McAuley, Tess Schmalbach. Dermatology, Stanford Medical Center, Palo Alto, CA, USA; Dermatology, Yale University School of Medicine, New Haven, CT, USA; Dermatology, MD Anderson Cancer Center, Houston, TX, USA; Hematology / Oncology, Northwestern University Medical Center, Chicago, IL, USA; Dermatology, University of Pennsylvania, Philadelphia, PA, USA; University of Iowa Hospitals and Clinics, Iowa City, IA, USA; Division of Hematology / Oncology, Olive View - UCLA Medical Center, Sylmar, CA, USA; Coley Pharmaceutical Group, Wellesley, MA, USA

CPG 7909 belongs to a new class of chemically defined CpG immunomodulators that target dendritic cell TLR9 receptors inducing IL-12, IFN-gamma, and NK cell function. The rate and durability of response to CPG 7909 was investigated in refractory patients with recurrent or advanced CTCL, who had failed one or more systemic therapies. Dose escalation with weekly sc dosing of patients at 0.08, 0.16, 0.24, or 0.28 mg/kg (3 patients/cohort) for 24 weeks is nearing completion. Additional patients continue to receive treatment at 0.32 (4 patients) or 0.36 mg/kg (12 patients). Clinical response, monitored by Composite Assessment of Index Lesion Disease Severity (CA) and Physician's Global Assessment of Clinical Condition, has been documented. Of 28 patients enrolled, 7 (25%) have achieved objective clinical response, 5 with partial response (PR) and 2 with complete response (CR). Eleven patients have maintained stable disease (SD), while 10 have had progressive disease (PD). Eight patients have completed 24 weeks of treatment (5 SD, 2 PR, 1 CR) with 12-16 weeks of response while on study. Six patients (3 SD, 2 PR, 1 CR) are currently ongoing in the study. Three patients (2 PR, 1 SD) continue to receive long term CPG 7909 at 0.12 mg/kg (58 total doses), 0.28 mg/kg (34 total doses) or 0.32 mg/kg (29 total doses) in a follow on protocol. Responses have been maintained up to 46 weeks.

Weekly doses up to 0.36 mg/kg have been well tolerated. Most reported adverse events have been of CTC grade 1 or 2. The most common are dose-related local injection site reactions (erythema, induration, edema, inflammation and pain) and mild or moderate flu-like symptoms (fatigue, rigors, fever, arthralgia). Four patients had CTC grade 3 drug related AEs: one decreased lymphocyte count (0.08 mg/kg), one increased gamma glutamyl transferase (0.16 mg/kg), one decreased absolute polys (0.36 mg/kg) and one fatigue (0.36 mg/kg).

Enrollment in the phase II portion of the study is ongoing and compares results of patients randomized to receive either 10 mg or 25 mg sc weekly for 24 weeks (equating to effective doses seen in dose escalation).

Clinical Response with CPG 7909 - 16 M, 12 F

Dose	N	Disease Stage	CR	PR	SD	PD
0.36 mg/kg	12	IB (7), IIB, III (3), IVA	0	2	6	4

0.32 mg/kg	4	IIA, IIB, IVA (2)	1	0	1	2
0.28 mg/kg	3	IB (2), III	0	1	2	0
0.24 mg/kg	3	IB, IIB (2)	0	1	1	1
0.16 mg/kg	3	IB (2), IIA	1	1	1	0
0.08 mg/kg	3	IB (2), IVA	0	0	0	3
Total	28		7%	18%	39%	36%

Abstract #743 appears in Blood, Volume 104, Issue 11, November 16, 2004

Keywords: Cancer immunotherapy|Phase II|Dendritic cell

Tuesday, December 7, 2004, 08:00 AM

Simultaneous Session: Lymphoma - Therapy with Biologic Agents (8:00 AM-10:00 AM)

[743] TLR9 Agonist Immunomodulator Treatment of Cutaneous T-Cell Lymphoma (CTCL) with CPG7909.

Session Type: Oral Session

Authors: Youn Kim, Michael Girardi, Madeline Duvic, Timothy Kuzel, Alain Rook, Brian Link, Lauren Pinter-Brown, Carol Comerci, Sonja McAuley, Tess Schmalbach

Date/Time: Tuesday, December 7, 2004 - 08:00 AM

Session Info: Simultaneous Session: Lymphoma - Therapy with Biologic Agents (8:00 AM-10:00 AM)